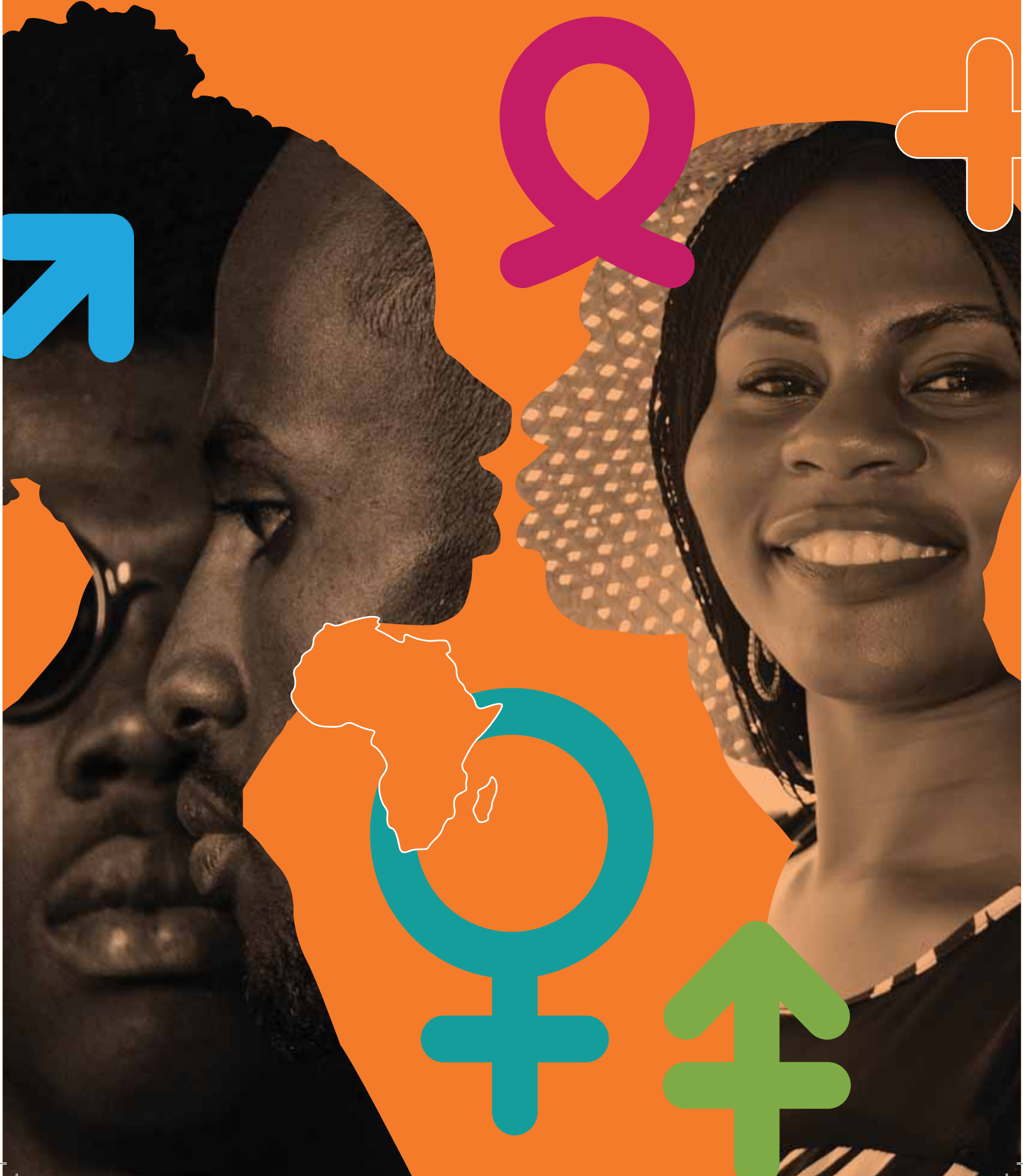




Eastern & Southern Africa  
Regional Inter Agency Task Team on Children & AIDS

# RIATT-ESA Strategic Plan and a Costed Implementation Plan 2019-2022



## | Acknowledgement

RIATT-ESA would like to thank the following consultants for their support with putting together this strategy:

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## ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ACPF	African Child Policy Forum
AFCEM	African Early Childhood Network
AMREF	African Medical and Research Foundation
ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
AU	African Union
AWA	AIDS Watch Africa
AY+N	African Young Positives Network
CRNSA	Child Rights Network of Southern Africa
DfID	Department for International Development (UK)
DHAT	Disability HIV & AIDS Trust
DHS	Demographic and Health Survey
EAC	East African Community
EANNASO	East African Network of AIDS Service Organisations
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
ESA	East and Southern Africa
ESAR	East and Southern Africa Region
FAO	Food and Agriculture Organisation
GBV	Gender-based Violence
HEARD	Health Economics and HIV and AIDS Research Division
HIV	Human Immunodeficiency Virus
HSSP	HIV-sensitive social protection
IATT	Interagency Task Team
IATT-CABA	Inter-Agency Network on Children and AIDS
ICASA	International Conference on AIDS and STIs in Africa
ICPD	International Conference on Population and Development
ICPCN	International Children's <i>Palliative Care</i> Network
LGBT	Lesbian, gay, bisexual, and transgender
LVFO	Lake Victoria Fisheries Organisation
MPS	Minimum Package of Services for Orphans and Vulnerable Children and Youth
MUCF	Measurement Unit Cost Framework
NCDs	Non-communicable Diseases
OAFILA	African First Ladies Organisation
OVC	Orphans and Vulnerable Children

PATA	Paediatric Aids Treatment for Africa
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
PSS	Psychosocial Support
RECS	Regional Economic Communities
REPSSI	Regional Psychosocial Support Initiative
RIATT-ESA	Regional Inter-Agency Task Team on Children and AIDS – in Eastern and Southern Africa
RISDP	Regional Indicative Strategic Development Plan
RMNCAH	<i>Reproductive, Maternal, Newborn, Child and Adolescent Health</i>
SAAIDS	Southern African AIDS Conference
SADC	Southern Africa Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SANTAC	Southern Africa Network against trafficking and abuse of children
SDC	Swiss Agency for Development and Cooperation
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
TB	Tuberculosis
TDH	Terre des Hommes
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNICEF ESARO	United Nations Children's Fund Eastern and Southern Africa Regional Office
USAID	United States Agency for International Development
USAID-RHAP	United States Agency for International Development - Southern Africa Regional HIV/AIDS Program
VSO RAISA	Voluntary Service Overseas Regional AIDS Initiative of Southern Africa
WCC-EAA	World Council of Churches- Ecumenical Advocacy Alliance
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International

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We would also like to extend our appreciation to the Partners who reviewed the Strategy at the Partners Meeting convened by RIATT-ESA Secretariat on the 4th and 5th of September in Johannesburg and to those who could not attend but submitted their input. These are the Regional Psychosocial Support Initiative (REPSSI); World Vision International (WVI); Elizabeth Glaser Paediatric AIDS Foundation (EGPAF); SAfAIDS; Child Rights Network for Southern Africa (CRNSA); Sentebale; Southern Africa Network against trafficking and abuse of children (SANTAC); Paediatric AIDS Treatment for Africa (PATA); Save the Children-Sweden; and World Council of Churches-Ecumenical Advocacy Alliance (WCC-EAA). Donors and development partners who participated were the Embassy of Sweden; and the United States Agency for International Development (USAID). Other participants who are not RIATT-ESA partners at the meeting were the University of South Africa (UNISA), and the North West University (NWU).

# 01

# Introduction

## 1.1 HIV AND AIDS SITUATION IN EASTERN AND SOUTHERN AFRICA

Eastern and Southern Africa is home to 53% of the world's population living with HIV. The region has, however, experienced a 42% decline of AIDS related deaths from 2010 to 2017 mainly attributed to treatment upscale<sup>1</sup>. The region accounts for 90% of new HIV infections in children in the world<sup>2</sup>, with more than 1,000 infants being born with HIV every day in Sub-Saharan Africa.<sup>3</sup> This is despite that 93% of pregnant women living with HIV in the region received antiretroviral prophylaxis in 2017<sup>4</sup>, and also 62% of children born of HIV positive women received their virological test within the first two months as compared to 23% in 2009.<sup>5</sup> In 2017, 59% of HIV positive children were on ART.<sup>6</sup> One of the most devastating impacts of HIV is the loss of whole generations of people in communities hardest hit by the epidemic.

In this regard, it is often children who feel the greatest impact via the loss of parents or older relatives. Care and support to the children made vulnerable by HIV and AIDS are nowhere near adequate.

In most countries in the region, only around 20% or less of these children receive some sort of external support.<sup>7</sup>

1. UNAIDS (2018) Global AIDS Update "Miles to Go"

2. UNICEF Eastern and Southern Africa (2015) Regional Analysis Report

3. [https://www.unicef.org/esaro/7310\\_Gender\\_and\\_PMTCT.html](https://www.unicef.org/esaro/7310_Gender_and_PMTCT.html)

4. UNAIDS (2018) Global AIDS Update "Miles to Go"

5. UNICEF (2018) Data - Infants HIV Testing 2017

6. UNAIDS (2018) Fact Sheet - Latest statistics on status of the epidemic

7. [https://www.unicef.org/esaro/5482\\_HIV\\_AIDS.html](https://www.unicef.org/esaro/5482_HIV_AIDS.html)

In eastern and southern Africa, a total of 2,7 million young people aged 15-24 years live with HIV, which is more than half of all young people living with HIV globally.<sup>8</sup> Adolescents report low rates of antiretroviral therapy (ART) adherence (27%-90%); lower than children and adults, which can lead to illness and death.

Adolescents are also underserved by HIV services and have lower adherence to medical appointments.<sup>9</sup>

Treatment adherence presents a significant challenge for adolescents living with HIV whether they acquired it vertically or horizontally.<sup>10</sup> Adolescents also experience child marriages which has dire consequences as it denies them their right to health care, to education, to live in security and to choose when and whom they marry.<sup>11</sup> Violence against children is also an issue of concern in Eastern and Southern Africa, with researches carried out by UNICEF and partners revealing a picture of widespread violence against girls and boys. In Swaziland, nearly 1 in 4 women experienced physical violence as children, while 1 in 3 experienced sexual violence, and 3 in 10 were emotionally abused. A similar study in Tanzania found that nearly 3 in 10 women and 1 in 7 men experienced sexual violence as children.<sup>12</sup>

Co-infection with HIV and TB remains the biggest driver of mortality among people with HIV of all ages,

with TB accounting for 39% of AIDS-related deaths in 2015.<sup>13</sup> Currently there are approximately 3.4 million children living with HIV and 14 million individuals, of all ages, co-infected with HIV and TB, most in the developing world.<sup>14</sup> Children with TB are at high risk of developing severe forms of the disease and at high risk of dying — especially infants and children under five years of age. Furthermore, strong evidence of the effectiveness of TB prevention and treatment in children has been available for decades. However, in most countries affected by TB a substantial gap remains between policy guidelines, based on international and national recommendations, and actual practice.

8. [https://www.unicef.org/esaro/5482\\_HIV\\_prevention.html](https://www.unicef.org/esaro/5482_HIV_prevention.html)

9. REPSI (2016) Resourcing Resilience; The Case of Social Protection for HIV Positive Children on ART in ESA

10. RIATT-ESA (2015) Intensify HIV Prevention and Treatment for Adolescents

11. UNFPA ESARO website: <http://esaro.unfpa.org/en/topics/child-marriage>

12. [https://www.unicef.org/esaro/5480\\_violence-against-children.html](https://www.unicef.org/esaro/5480_violence-against-children.html)

13. International Union Against Tuberculosis and Lung Disease –Silent Epidemic: A Call to Action against Child Tuberculosis

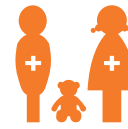
14. Ibid



## 1.2 RIATT-ESA

### RIATT-ESA

#### THE REGIONAL INTERAGENCY TASK TEAM ON CHILDREN AND AIDS IN EASTERN AND SOUTHERN AFRICA

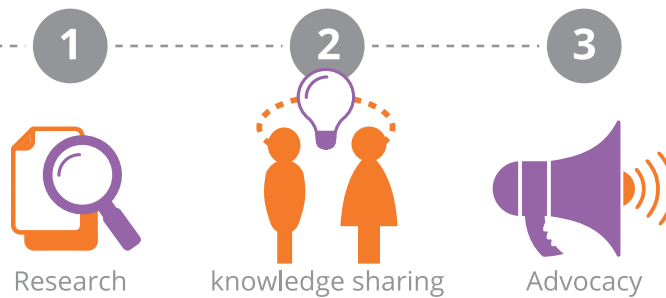


is a network of organisations working together to influence global, regional and national policy formulation and implementation for children and their families.



RIATT-ESA USES AN  
EVIDENCE DRIVEN APPROACH  
ACROSS


### 3 PILLARS OF ACTION



to support programme and policy makers in efforts  
**TO PROVIDE COMPREHENSIVE CARE  
& SUPPORT FOR HIV INFECTED  
& AFFECTED  
CHILDREN  
THEIR FAMILIES**



The Regional Interagency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) is a network of organisations working together to influence global, regional and national policy formulation and implementation for children and their families. RIATT-ESA uses an evidence driven approach across three pillars of action- research, knowledge sharing and advocacy to support programme and policy makers in efforts to provide comprehensive care and support for HIV infected and affected children and their families. The partners of the network come from regional political and economic bodies;



civil society organisations; academia; donors; and UN agencies. RIATT-ESA was formed in 2006 as a regional affiliate of the Interagency Task Team (IATT). RIATT-ESA was set up in response to a recommendation by the global Inter-Agency Network on Children and AIDS (IATT-CABA) to establish regional task teams.

The RIATT-ESA partners pool their advocacy and technical expertise through three working groups that are currently co-chaired by EGPAF and WCC-EAA; HEARD; and International Children's Palliative Care Network (ICPCN). World Vision and REPSSI are the Chair and Secretariat who direct the network together with the Programme Manager.<sup>15</sup> RIATT-ESA constitutes about 39 key players in the children and AIDS response, including regional economic communities (RECs), civil society organizations, academic institutions, bilateral donors, UN agencies and other multilateral agencies. A Steering Committee oversees RIATT-ESA's work while the Programme Manager works with three working groups (Care and Support, Social Protection and Advocacy) to implement the annual work plan.<sup>16</sup>

RIATT-ESA was implementing programme activities from the Strategic plan 2015-2018 which is expiring this year. The new strategy 2019-2022 will build on the achievements of the current strategy and incorporate emerging issues identified during this period.

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15. 2016 RIATT ESA Annual Report

16. 2017 RIATT ESA Annual Report

# 02

## Global, Continental and Regional Policies

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This section focuses on current and emerging issues drawn from global and regional policies and frameworks, and from resolutions agreed upon at various meetings and deliberations that have ensued during the period of RIATT-ESA expiring strategy of 2015-2018.

### 2.1 GLOBAL POLICIES AND FRAMEWORKS

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The global policies and frameworks reviewed include the United Nations Sustainable Development Goals 2030<sup>17</sup>, the UNGASS Political Declaration on HIV and AIDS 2016<sup>18</sup>, the UN 90-90-90 Strategy<sup>19</sup>, The Convention on the Rights of the Child<sup>20</sup>, the World Health Global Action Plan 2013-2020<sup>21</sup>, and the WHA

17. UN. 2015. Sustainable Development Goals

18. UNGASS. 2016. Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030.

19. UN. 2014. 90-90-90 targets

20. United Nations. 1989. Convention on the Rights of the Child Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49

21. WHO. 2013. Global Action Plan for the Prevention and Control of Non Communicable Diseases 2013-2020

Assembly Resolution 67.19 of 2014 on palliative care<sup>22</sup>. Six goals of the United Nations Sustainable Development Goals 2030, contain eleven elements<sup>23</sup> that speak specifically to child care and protection issues, namely:

1. appropriate social protection systems;
2. end hunger and ensure access by all people to safe, nutritious and sufficient food all year round;
3. ensure universal access to SRH care services;
4. achieve universal health coverage;
5. ensure that all girls and boys complete free, equitable and quality primary and secondary education;
6. all girls and boys have access to quality early childhood development, care and pre-primary education; end all forms of discrimination against all women and girls;
7. eliminate all forms of violence against all women and girls;
8. eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations;
9. ensure universal access to SRHR;
10. significantly reduce all forms of violence and related death rates; and
11. end abuse, exploitation, trafficking and all forms of violence and torture against children.

The implications of adolescent HIV and SDGs are highlighted in a study by Cluver et. al. 2018<sup>24</sup> which found out that independent of all socio-demographic and HIV-related covariates, access to a greater number of SDG-aligned provisions was associated with reduced mortality risk among adolescents living with HIV. Further, Webb et. al. underline that there are opportunities for addressing paediatric and adolescent HIV that are offered by the SDGs. They highlight the areas of common interest and specific connections with targets and indicators beyond HIV and health alone.<sup>25</sup>

The UNGASS Political Declaration on HIV and AIDS 2016 on the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 further recognize the need for gender equality and equity, advocacy on laws and policies, and the need to monitor policy implementation and progress for accountability. Additionally, the UN 90-90-90 Strategy aims at having 90% of all people living with HIV knowing their HIV status; 90% of all people with diagnosed HIV infection receiving sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy having viral suppression by 2020. This brings out the need for children, adolescents and young people to be included in the strategy implementation by advocating HIV testing services,

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22. WHO. 2014. Strengthening of palliative care as a component of comprehensive care throughout the life course

23. UN. 2015. Sustainable Development Goals

24. Cluver L et al. 2018. Sustainable Survival for adolescents living with HIV: do SDG-aligned provisions reduce potential mortality risk? *Journal of the International AIDS Society* 2018, 21(S1):e25056

25. Webb. D et. al 2018. Paediatric and Adolescent HIV and the Sustainable Development Goals: the road ahead to 2030. Volume 21, Supplement 1, February 2018.

treatment, care and support. Advocacy activities to focus on children left behind (young adolescents, migrant children, young key populations, and children living with disability).

The Start Free, Stay Free, AIDS Free Framework, sponsored by UNAIDS, PEPFAR, WHO, UNICEF and EGPAF, built on the UNGASS Political Declaration and also the Global Plan for PMTCT and included critical targets related to children and adolescents living with HIV. The AIDS Free component of the framework has the specific goal of ensuring 95% of all children and adolescents living with HIV have access to lifelong ART by the end of 2018 [1.6 million children (age 0-14 years) and 1.2 million adolescents (age 15-19 years)]. These efforts will need to be sustained until 2020, when it is estimated that treating 95% of all children and adolescents living with HIV will require providing ART to 1.4 million children (age 0-14 years) and 1 million adolescents (age 15-19 years)<sup>26</sup>. The African First Ladies Organisation (OAFLA) recently set up a campaign “Free to Shine” which is focused on this issue of PMTCT and paediatric testing and treatment.<sup>27</sup>

WHO Global Health Strategies 2016-2021<sup>28</sup> address three major public health issues - HIV, viral hepatitis (VH) and sexually transmitted infections (STI). Firstly, despite viral hepatitis being responsible for over 1.4 million deaths annually, a burden similar to HIV and tuberculosis epidemics, it is only now being recognized as a global public health concern. Secondly, although sexually transmitted infections were recognized as a public health issue for the millennia, focus on the issues continue to be minimal. The WHO proposes five strategic directions in addressing the three public health issues namely: strategic information for focus and accountability; essential interventions for impact; delivering for quality and equity; financing for sustainability; and innovation for acceleration.

The Convention on the Rights of the Child is an internationally binding human rights treaty signed by all UN member states except the USA to ensure the protection of children, adolescents and young people. While most of its articles have been taken on board, palliative care is lagging behind. General Comment No. 15<sup>29</sup> relating to Article 24 of the Convention states that ‘...Children are entitled to quality health services, including prevention, promotion, treatment, rehabilitation and palliative care services...’at all levels (primary, secondary and tertiary. Lastly, the World Health Global Action Plan 2013-2020, and the WHA Assembly Resolution 67.19 of 2014 consider the strengthening of Palliative Care as a component of comprehensive care throughout the life course.

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26. WHO and EGPAF. 2018. AIDS Free Framework to accelerate paediatric and adolescent HIV treatment, <http://apps.who.int/iris/bitstream/handle/10665/273150/WHO-CDS-HIV-18.20-eng.pdf?ua=1>

27. <http://freetoshineafrica.org/>

28. WHO. 2015. Global Health Sector Strategies on HIV, viral hepatitis and Sexually Transmitted Infections (STIs) 2016-2021. Briefing Note: October 2015.

29. United Nations. 2013. Committee on the Rights of the Child- General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)\*

## 2.2 CONTINENTAL AND REGIONAL POLICIES AND STRATEGIES

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At continental level, the **African Union** (AU) Agenda 2063<sup>30</sup> highlights the need for advocacy for service providers to take on board a child health and rights agenda, and the provision of comprehensive services throughout the lifecycle as espoused in Aspiration 6. The AU also calls for Member States to end the harmful practice of child, early and forced marriage through a campaign and a call to action initiated in 2013.<sup>31</sup> Although RIATT-ESA partners, VSO RAISA and WVI are undertaking a human rights based approach to social protection activities aimed at ending child marriages more advocacy work still needs to be done, to prevent, rescue child brides and avail them with opportunities to be children again. Another area of focus for the AU is leadership in evidence-based advocacy, data-driven accountability and resource mobilization efforts to end AIDS, TB and Malaria by 2030 as documented in the AIDS Watch Africa (AWA) Strategic Framework.<sup>32</sup> The necessity to end these three public health diseases is re-emphasized in the Catalytic Framework to end AIDS, TB and Malaria in Africa (African Union, 2016)<sup>33, 34</sup> highlighting issues of social protection especially for children, adolescents and young people; generation and use of evidence for policy and programme interventions; evidence driven advocacy; and capacity building.

The ESA Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people affirmed a commitment to the right to the highest possible level of health, education, non-discrimination, and well-being of current and future generations.<sup>35</sup> The Commitment had two sets of targets to be achieved in 2015 and 2020 respectively.

The **EAC** has put in place a number of policies and strategic frameworks aimed at providing universal health to children, adolescents and young people for their total wellbeing. These include the Child Policy 2016, the *EAC HIV and AIDS Prevention and Management Act 2012* and the *HIV and AIDS/STI and TB Multisectoral Strategic Plan and Implementation Framework 2015-*

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30. African Union Commission. 2015. Agenda 2063: The Africa We Want.

31. African Union Commission. 2013. Campaign To End Child Marriage In Africa: Call To Action 2013

32. African Union Commission. 2016. AIDS Watch Africa Strategic Framework (2016-2030).

33. African Union Commission. 2016. Catalytic Framework To End Aids, Tb And Eliminate Malaria In Africa By 2030. Working Group of the Specialised Technical Committee on Health, Population and Drug Control, Experts Meeting 25 to 26 April 2016, Addis Ababa Ministers of Health Meeting Geneva, 21 May 2016.

34. African Union Targets and Milestones to End AIDS, TB and Malaria by 2030

35. UNESCO, UNFPA and UNAIDS. 2016. Fulfilling our Promise to Young People Today 2013-2015 Progress Review - The Eastern and Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people.

2020, among others. The overall objective of the EAC Child Policy (2016)<sup>36</sup> is to provide a functional regional framework to facilitate the development, coordination and strengthening of national efforts geared towards the realisation of children's wellbeing. In line with the discussion above, the specific objectives of the policy bring out the need for Member States to always put the best interests of children first in a) enhancing regional harmonization and effective implementation of national legislations, policies and action plans related to children b) promoting prioritization in planning, resource allocation and capacity development for child right, c) strengthening evidence-based planning and decision making through research, innovation and knowledge management, and d) fostering meaningful child participation in decision making on matters affecting them. *The EAC HIV and AIDS Prevention and Management Act 2012*<sup>37</sup> provides for the prevention and management of HIV and AIDS, and for the protection and promotion of the human rights of people living with and affected by HIV and AIDS and for related matters. Complementing the Act, is the *HIV and AIDS/STI and TB Multisectoral Strategic Plan and Implementation Framework 2015 - 2020*<sup>38</sup> whose mission is to ensure a coordinated, evidence based and sustainable regional HIV and AIDS, TB and STIs response. Its goal is to reduce the incidence and mitigate the impact of HIV, TB and STIs in order to secure sustained socio- economic development in the region. The two documents aim at the provision of HIV and AIDS and STI services to all, including children, adolescents and young people.

**SADC** Health Protocol (1999)<sup>39</sup> encourages Member States to address the health needs for young people. Under Article 3, one of its main objectives (g) is to develop common strategies to address the health needs of women, children and other vulnerable groups, while Article 17 focuses on childhood and adolescent health. The Maseru Declaration on the Fight against HIV/AIDS in the SADC Region (2003)<sup>40</sup> placed emphasis on strengthening communities and families to prevent and mitigate the impact of HIV and AIDS on children and youth. In line with the Maseru Declaration on HIV and AIDS, to combat the HIV and AIDS pandemic, the goal of SADC interventions is to decrease the number of HIV and AIDS infected and affected individuals and families in the SADC region so that HIV and AIDS is no longer a threat to public health and to socio-economic development as highlighted in the Regional Indicative Strategic Development Plan.<sup>41</sup> The intervention areas include HIV prevention strategies that address emerging issues and special populations such as young women and girls, mobile populations; improving treatment access for children and adolescents, improving quality of treatment in terms of patient monitoring, adherence management and efficacy of commodities and enhancing and

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36. EAC. 2016. The EAC Child Policy 2016.

37. EAC. 2012. EAC HIV and AIDS Prevention and Management Act 2012.

38. EAC. 2015. HIV and AIDS/STI and TB Multisectoral Strategic Plan and Implementation Framework 2015 – 2020.

39. SADC (1999) SADC Protocol on Health

40. SADC (2003) Maseru Declaration on the Fight against HIV/AIDS in the SADC Region (2003)

41. SADC 2015. Regional Indicative Strategic Development Plan 2015-2020 SADC Declaration on Youth Development and Empowerment.



sustaining treatment coverage; sustainable financing; domestication and monitoring of policies and frameworks; and monitoring and evaluation of regional and global commitments.

The SADC Integrated HIV, SRH, TB and Malaria Strategy and Business Plan, 2016-20<sup>42</sup> states the need to accelerate effective delivery of quality and comprehensive health and related services for all people, irrespective of age, sexual orientation, marital status and gender. The Strategy specifically mentions that SADC should ensure that children, adolescents, youth, people with disability and key populations access HIV, SRH, TB and Malaria services in all programmes. A dedicated section on Adolescents and Sexual Health specifies (i) Scaling up access and quality of comprehensive sexuality education; (ii) Increasing access to sexual and reproductive youth services and; (iii) Improving access to family planning services.

Further, the Minimum Package for HIV and SRH Integration in the SADC Region (2015)<sup>43</sup> advocates for a Human Life Cycle Approach to service provision as children progress from infancy, childhood, adolescence and youth, adulthood and old age. Other SADC policies detailed in the Background Paper to this Strategy are the Policy Framework for Population Mobility and Communicable Diseases in the SADC Region (2009)<sup>44</sup> which specifically addresses communicable disease control, with emphasis on the three priority diseases of HIV and AIDS, TB and Malaria; The Equitable Access to Health Services by Cross-border Mobile Populations (under 5.2) which includes adolescents and children as an important group for access to health services by cross border mobile populations; and the SADC 1998 Addendum on the Prevention and Eradication of Violence against Women and Children developed after the realisation that women and children are in danger of gender-based violence (GBV), which affects their health outcomes.

## 2.3 DONOR POLICY ENVIRONMENT

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The **Global Fund** is one of the major funders of HIV/AIDS, tuberculosis and malaria epidemics, investing nearly USD4 billion a year to support programs run by local experts in more than 140 countries. The core objectives of the Global Fund Strategy 2017-2022 'Investing to End Epidemics' are to<sup>45</sup>:

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42. SADC (2017) SADC Integrated HIV, SRH, TB and Malaria Strategy and Business Plan, 2016-20

43. SADC (2015) Minimum Package for HIV and SRH Integration in the SADC Region

44. SADC (2009) Policy Framework for Population Mobility and Communicable Diseases in the SADC Reg

45. The Global Fund 2017 Annual Financial Report



- Maximize impact against HIV, tuberculosis (“TB”) and malaria;
- Build resilient and sustainable systems for health;
- Promote and protect human rights and gender equality; and
- Mobilize increased resources.

The **PEPFAR** Epidemic Control Strategy 2017-2020<sup>46</sup> aims to achieve epidemic control and ultimately ending the HIV/AIDS pandemic by emphasizing the following action steps:

- Acceleration of optimized HIV testing and treatment strategies particularly to reach men under age 35.
- Expansion of HIV prevention, particularly for young women under age 25 and men under age 30 through the scale-up of innovative and successful DREAMS efforts (supporting girls to become Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women) and the expansion of voluntary medical male circumcision (VMMC) for boys and young men in targeted age bands.
- Continuous use of granular epidemiologic and cost data to improve partner performance and increase program impact and effectiveness.
- Renewed engagement with faith-based organizations and the private sector to accelerate and improve efforts toward epidemic control.
- Strengthened policy and financial contributions by partner governments in the HIV/AIDS response.

**Sweden** is the traditional funding partner for RIATT-ESA and has extensive support in the region. It is therefore prudent to review the key issues from their regional strategy that resonate with the work of RIATT-ESA. The main focus of the Sweden Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa 2015 – 2019 is an improvement in basic health.<sup>47</sup> The core areas are:

- women’s and children’s health and SRHR;
- health and SRHR of young women and men, and LGBT people;
- strengthened health systems for greater access to SRHR; and
- Strengthened democracy and gender equality, and greater respect for human rights.


The Swiss Agency for Development and Cooperation (SDC) has demonstrated interest to support RIATT-ESA. However, even though this has not materialised, a brief review of their regional strategy may be beneficial. The overall goal of the **SDC Regional Cooperation Strategy for Southern Africa 2018 – 2022**<sup>48</sup> is

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46. PEPFAR. 2017. Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020)

47. Sweden. 2014. Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa 2015 – 2019

48. Swiss Agency for Development and Cooperation (SDC). 2017. Regional Cooperation Strategy for Southern Africa 2018 – 2022.



to contribute to the reduction of poverty and vulnerability in the SADC region by increasing resilience for enhanced food security and reducing new HIV infections. The main objective for the HIV/SRHR domain, is to reduce new HIV infections among young people (10–24 years old) by promoting and ensuring equal access to and utilisation of quality services for boys and girls, young men and young women.

# 03

## Current and Emerging Issues

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**Gender based violence:** In Eastern and Southern Africa, researches carried out by UNICEF and partners reveal a picture of widespread violence against girls and boys.<sup>49</sup> Much violence against children is un-reported and un-recorded. They remain hidden for many reasons. One is fear: many children are afraid to report incidents of violence against them. Social acceptance of violence is another factor. Violence is also invisible because there are no safe or trusted ways for children or adults to report it.<sup>50</sup> A number of national population-based surveys held by UNICEF and CDC in Eastern and Southern Africa showed that over 70% of boys and girls reported severe beatings, with teachers and parents as primary perpetrators across all countries. Reporting of incidents of violence, however, is poor, with 50% for girls and even fewer for boys. Of those who did report, less than half ever received services.<sup>51</sup> A study on violence against children in Tanzania showed that 30% of female respondents between the ages of 13-24 who had lost one or both parents before reaching adulthood experienced sexual abuse as compared to 20% of non-orphan respondents.<sup>52</sup> The Orphan Resilience Study shows that adolescent girls living in healthy families have a 2.8% chance of being exploited in transactional sex. The number increases to 19% for those who have a caregiver who is HIV positive. Furthermore, for girls that have also been victims of physical

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49. [https://www.unicef.org/esaro/5480\\_violence-against-children.html](https://www.unicef.org/esaro/5480_violence-against-children.html)

50. Ibid

51. UNICEF national population-based surveys in Kenya, Malawi, Swaziland, Tanzania and Zimbabwe

52. UNICEF, Centers for Disease Control (CDC) and Muhimbili University for Health and Allied Sciences (2011). Violence Against Children in Tanzania. Findings from a National Survey 2009

or emotional abuse, 46% claimed they have had transactional sex. Evidence provided by Cluver et al (2011) demonstrates that being in an AIDS-affected family leads to increased risk of abuse.<sup>53</sup>

**Comprehensive Services through the Life Cycle Approach:** Currently, RIATT-ESA programming represents two distinct groups which are children and adolescents. The RECs in the region have developed standards that include the life cycle approach in service provision as discussed in the SADC Minimum Standards for HIV and SRH Integration. However, implementation of the approach is at different levels in Member States hence the need for advocacy for its full adoption.

**Focus on Children:** The region-wide drive in ESA to eliminate mother-to-child transmission of HIV continues to yield results. A remarkable 93% [73– >95] of the 940 000 [730 000–1.1 million] pregnant women living with HIV in the region received antiretroviral prophylaxis in 2017, resulting in an average rate of mother-to-child transmission of under 10%, the lowest in the world.<sup>54</sup> That rate would be even lower were it not for the significant numbers of pregnant women who acquire HIV infection during pregnancy or postpartum but who are not diagnosed and offered antiretroviral medicines. Greater availability of point-of-care early infant diagnostics would further expand coverage of early infant testing, which was 63% [53–80%] in 2017.<sup>55</sup> However, there are some gaps in HIV treatment for children as not all mothers living with HIV enrol for PMTCT, access is limited, coverage not reached, loss to follow-up for children exposed to HIV, and stigma and discrimination.

RIATT-ESA recommended some key action points as follows<sup>56</sup>;

- HIV testing must be prioritized as soon as possible after infants of women living with HIV are born, as peak mortality for infants living with HIV occurs at six to eight weeks. Testing should be repeated throughout the breastfeeding period when the risk of transmission is still substantial.
- Point-of-care should be included in national paediatric diagnostic scale-up plans and introduced as soon as possible, especially into remote facilities.
- Early infant diagnosis should use all possible child survival entry points — integrated community case management for sick children, immunization, and other child care point such as in-patient departments — as they appear to be more effective than only PMTCT platforms.

**Focus on Migrant Children:** This relates to migrant children accompanied by adults or unaccompanied or both. Movement and migration may be due to violence, disasters, and/or conflict in the area of origin. Globally, there were

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53. Cluver, L., (2011). Children of the AIDS Pandemic

54. UNAIDS 2018 Data

55. Ibid

56. RIATT ESA and The Coalition for Children Affected by AIDS (2015); Scale up Paediatric Testing (Early Infant Diagnosis)

31.1 million internally displaced persons in 2016.<sup>57</sup> East and Horn of Africa accounted for 3.2 million refugees and Southern Africa has 162,100 refugees. Largest displaced populations with over 2 million people displaced in the Eastern and Southern African Region are the Democratic Republic of the Congo (2.9 million) and Somalia (2.6 million).<sup>58</sup> Intra-regional labour migration is also well established in Southern Africa, where significant numbers of people have traditionally migrated from countries such as Malawi, Lesotho, Zimbabwe and Swaziland to work in key sectors such as mining in South Africa and Botswana.<sup>59</sup> The inter-connectedness of mobility and disease has long been recognized, and there is no reason why HIV should be any different. There is growing empirical evidence of the link between HIV and population mobility.<sup>60</sup> There are at least four key ways in which mobility is tied to the spread of HIV;<sup>61</sup>

- Mobility can encourage or make adolescents vulnerable to high risk sexual behaviour as they will be travelling with no authority or adult supervision;
- Mobility makes people more difficult to reach, whether for prevention education, condom provision, HIV testing, or post infection treatment and care;
- Migrants' multi-local social networks create opportunities for sexual networking which is high risk for adolescents and pregnant mothers; and
- There is a higher rate of HIV infection in "communities of the mobile", which often include socially, economically and politically marginalized people which has implications on the infected population to seek HIV services.<sup>62</sup>

**Focus on Adolescents:** Literature review shows that adolescents report low rates of ART adherence (27%-90%); lower than children and adults, which can lead to illness and death. Adolescents are also underserved by HIV services and have lower adherence to medical appointments.<sup>63</sup> Treatment adherence presents a significant challenge for adolescents living with HIV whether they acquired it vertically or horizontally.<sup>64</sup> Some of the risk factors noted for ART non adherence include; (i) social and structural economic issues (ii) disrupted family structures and caregiver child relationships (iii) non-disclosure of HIV positive status to children by an appropriate age (iv) mental health issues (v) stigma and (vi) caregiver physical illness and emotional challenges.<sup>65</sup> The percentage of young people (aged 15–24 years) who had correct and comprehensive knowledge about HIV in the region ranged from 65% of young

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57. <http://www.internal-displacement.org/global-report/grid2017/>

58. UNHCR (2016) Global Trends

59. IOM (2018)

60. Histories of Reproductive Health and the Control of Sexually Transmitted Disease in Southern Africa. Special Issue of the Southern African Historical Journal 45

61. Dodson, B. and J. Crush, 'Mobile 'Deathlihoods': Migration and HIV/AIDS in Africa', Paper for the UNAIDS Project 'AIDS in Africa; Scenarios for the Future'

62. [https://www.iom.int/jahia/webdav/site/.../AIDS\\_Population\\_Mobility.pdf](https://www.iom.int/jahia/webdav/site/.../AIDS_Population_Mobility.pdf)

63. REPSI (2016) Resourcing Resilience; The Case of Social Protection for HIV Positive Children on ART in ESA

64. RIATT-ESA (2015) Intensify HIV Prevention and Treatment for Adolescents

65. REPSI (2016) Resourcing Resilience; The Case of Social Protection for HIV Positive Children on ART in ESA

girls in Rwanda to 23% of young men in South Africa.<sup>66</sup> Social protection, increased comprehensive knowledge, and appropriate care and support may address these issues and foster resilience for adolescents and young people. Some of the highlighted action points are;

- Strengthen the inclusion of adolescent voices in the provision of HIV services and ensure that they are fully involved in designing, implementing and monitoring programmes intended to meet their needs,
- Prioritize the implementation of adolescent-friendly comprehensive sexual and reproductive health and HIV services,
- Address abuse, violence, and stigma and discrimination faced by adolescents,
- Ensure use of the social protection mechanisms to include adolescent-sensitive social cash transfers, and;
- The focus on adolescents should also include policy transformation within member states to ensure adolescent policies and strategies

**Focus on Adolescent Girls and Young Women:** Findings from a Situational Analysis on Early and Unintended Pregnancy in Eastern and Southern Africa<sup>67</sup> carried out by UNESCO 2018 found out that:

- The percentage of young women aged 15-19 years who had been pregnant was high in all countries – at least 15% according to DHS data, and more than 25% in Malawi, Tanzania, Uganda and Zambia.
- Child marriage is a cultural norm that both leads to and results from adolescent pregnancy.
- Cultural practices such as initiation ceremonies further encourage girls to have early sexual debut and early marriage.
- Child sexual abuse, sexual coercion and/or sexual assault are additional important drivers of early pregnancy.
- Lack of access to and use of modern contraception among young women aged 15-19 years despite high levels of sexual activity.
- Teenage pregnancies were highly stigmatized in all countries

The findings of a study in ESAR by Govender et.al 2018, indicated that HIV prevalence among young women (15 to 24 years) was double that of young men (3.4% compared to 1.6%), with the disparity even greater in some countries.<sup>68</sup> The drivers of this trend in the region is inability for girls and young women to negotiate for condom use and vulnerability to multiple and concurrent sexual partnerships, age disparity in sexual relationships, transactional sex, as well as gender-based violence (GBV).

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66. UNAIDS 2018 Data

67. UNESCO. 2018. A Situational Analysis on Early and Unintended Pregnancy in Eastern and Southern Africa.

68. Govender, K. et.al. 2018. HIV Prevention in Adolescents and Young People in the Eastern and Southern African Region: A Review of Key Challenges Impeding Actions for an Effective Response – in The Open AIDS Journal, 2018, 12, 3-00.

**Boys and Young Men:** Boys and young men test for HIV late and mostly when AIDS is at an advanced state. Uptake of HIV testing and treatment services in the region continues to be lower among men. Despite the higher disease burden among women, more men living with HIV are dying. In 2017, an estimated 300 000 [220 000–410 000] men in sub-Saharan Africa died of AIDS-related illness compared to 270 000 [190 000–390 000] women.<sup>69</sup> There is need to challenge gender norms especially in patriarchic societies, to work with masculinities, and ensure gender equality and equity. Averting cases of infection among boys and young men has an impact on girls and women being infected with HIV. Most interventions prioritise girls, young women and adult women since the HIV epidemic is feminised but the need to focus on boys and young men cannot be overemphasized.

**Young Key Populations:** are especially vulnerable to risks associated with limited access to quality SRH services through widespread discrimination, stigma and violence, which are often compounded by vulnerabilities and, sometimes, alienation from family and friends. Population size estimates suggest there are nearly 1 million sex workers in need of services. Available data on prevention programme coverage for this key population ranged from 38% in South Sudan to 74% in Kenya.<sup>70</sup>

**Social Protection is important:** A Report of the International Conference on Fast-Tracking Social Protection to end AIDS, in Geneva 25-26 April 2018, encouraged Member States to strengthen national social and child protection systems to ensure that by 2020, 75% of people living with HIV, at risk of or affected by HIV, benefit from HIV-sensitive social protection as agreed in the UNGASS Political Declaration and in the UNAIDS Strategy.<sup>71</sup> HIV-sensitive social protection (HSSP) measures — such as social assistance and social insurance, home-based care, education, and equity and rights-based interventions — can reduce vulnerability to infection, improve and extend the lives of people living with HIV and support individuals and households. The positive impact of these measures on children and adolescents is well recognized. Though all components of HSSP are crucial, financial protection and cash transfers help meet basic needs and enable access to health and social services. There is growing evidence that cash transfers, in particular to girls and young women, have the potential to prevent HIV, especially sexual transmission of the disease, in certain contexts, by influencing underlying structural conditions, which, in turn, shape sexual behaviour and risk of HIV infection.<sup>72</sup>

The following 3 actions were included in the meeting outcome document of the International Conference on Fast-Tracking Social Protection to end AIDS, in Geneva 25-26 April 2018 as possible action points for RIATT-ESA:

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69. UNAIDS 2018 Data

70. UNAIDS 2018 Data

71. [http://www.unaids.org/sites/default/files/media\\_asset/jc2922\\_social-protection-fast-track-commitment-end-aids\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/jc2922_social-protection-fast-track-commitment-end-aids_en.pdf)

72. UNDP "Discussion Paper: Cash Transfers and HIV Prevention." Geneva. October 2014.



- Undertake a stock take of the extent and quality of how well social protection has been mainstreamed into HIV programmes in several high burden HIV countries and whether they are reaching the most at risk populations such as Zambia, Tanzania and South Africa.
- Linked to the previous action, develop a dashboard or scorecard for monitoring the extent to which countries are fast tracking the mainstreaming of social protection into HIV programmes.
- Conduct research in Fast Track countries with social protection floors, to understand how HIV-sensitive the SP floors are and to what extent comprehensive social protection policies are inclusive of HIV issues.

**Focus on Caregivers at Family and Community Level:** Primary level care to vulnerable children, including those orphaned by AIDS, is provided by a variety of relatives including parents, grandparents, siblings, aunts and uncles.<sup>73</sup> Older people, particularly grandmothers, are estimated to provide at least 40-60% of the care.<sup>74</sup> Because the immediate family care and support system for vulnerable children and youth is likely broken and can no longer cope, they require direct external financial and social assistance to restore services and rehabilitate often extreme cases of deprivation. In this regard, targeted social protection is essential and thus considered a basic need.<sup>75</sup> The following actions are noted to be crucial in supporting care givers:

- Determine the nature, scale and needs of those providing crucial care for vulnerable children, particularly those orphaned by AIDS,
- Recognize the critical role of these caregivers in continental, regional and national health, HIV and AIDS, social protection and related policies, strategic plans and guidelines.
- Give priority to caregivers who are particularly vulnerable (e.g. older and child carers).
- Replicate and scale existing policy initiatives that provide support and remuneration to community level care providers.
- Strengthen the voices of caregivers — including older carers, child carers and parents — on the type of support that is most crucial to them.

**HIV treatment:** Improving treatment access for children and adolescents, improving quality of treatment in terms of patient monitoring, adherence management and efficacy of commodities and enhancing and sustaining treatment coverage. **Know your epidemic (Whiteside, ROAPE 2015)** proposed sustaining a multi-faceted response that includes the social, economic, behavioural, developmental and medical dimensions both to prevent and mitigate HIV infection on children. The UNAIDS Super-Fast-Track Framework for ending AIDS among children, adolescents and young women

73. RIATT ESA and The Coalition for Children Affected by AIDS; Strengthen Support for Primary Caregivers and Community Level Care Providers

74. UNICEF. 2006. The State of the World's Children 2007: Women and Children The Double Dividend of Gender Equality."p. 30. New York

75. 2015 Comprehensive Care and Support for VC in the SADC Region



by 2020<sup>76, 77, 78</sup> set targets to be achieved under the Start Free, Stay Free, AIDS Free programme, and the AIDS free Framework aimed at eliminating new HIV infections in children 0-14 years; reduce infections among adolescents and young women; and provision of ART to children, adolescents and young people living with HIV and AIDS.

Over 3.2 million children worldwide are infected with HIV, but only 24% of these children receive antiretroviral therapy (ART).<sup>79</sup> Adherence to ART is crucial to HIV management and extending the life and health of infected children. The WHO now recommends that all individuals who are infected with HIV should start ART immediately, making all populations and ages eligible for treatment. All HIV-exposed infants should also receive a regimen for ART meant for prophylaxis. An underlying theme within the barriers to ART adherence studies is the lack of paediatric-friendly formulations.<sup>80</sup> Developing child-friendly formulations of ART will, therefore, make it easier for caregivers to administer medications to children and easier for children to take medications.

**Integration of HIV and other key issues:** RIATT-ESA would benefit from growing its partner network by bringing on board and strengthening advocacy work with partners who implement activities in SRHR; sexual and gender-based violence; nutrition; and aging. Working with partners who implement programmes for older people and aging, for example, brings out the need for greater consideration of the intergenerational role of older people, especially older women, in the health and wellbeing of children and adolescents, both as primary caregivers of OVCs and as key stakeholders in shaping the sexual and health behaviour of adolescents and youth, as well as influencing choices and opportunities related to access to HIV and SRH/ RMNCAH services for youth and adolescents including those on the streets and any other identified risk groups.

**Integration of Childhood TB, and HIV:** As has been noted in this document there is a conscious effort of the Regional Economic Commissions (RECs) to ensure that HIV is a stand-alone issue but should be linked to TB and STIs. Though preventable and curable, TB is among the top ten causes of child mortality globally with 80% of child TB deaths occurring in children younger than five years. A majority of child TB deaths could be prevented with timely preventive therapy, diagnosis and treatment.<sup>81</sup> The only TB vaccine, BCG, is given to newborns, but loses its effect before adolescence, then less than 15% of children at high risk of developing TB following exposure to a person with

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76. UNAIDS. Start Free, Stay Free, AIDS Free: Super-Fast-Track Framework for ending AIDS among children, adolescents and young women by 2020. [http://www.unaids.org/sites/default/files/media\\_asset/Stay\\_free\\_vision\\_mission\\_En.pdf](http://www.unaids.org/sites/default/files/media_asset/Stay_free_vision_mission_En.pdf)


77. The Lancet. 2016. HIV-exposed, uninfected infants: new global challenges in the era of paediatric HIV elimination. VOLUME 16, ISSUE 6, PE92-E107, JUNE 01, 2016.

78. WHO. 2018. AIDS Free Framework to accelerate paediatric and adolescent HIV treatment.

79. Adrienne F. Schlatter, et. Al. 2016. The Need for Paediatric Formulations to Treat Children with HIV.

80. Ibid

81. Stop TB Partnership (2018) We Can End Tuberculosis in Children



infectious TB receive preventive therapy. Quality assured child-friendly TB medications are available, yet over 96% of children dying of TB never receive appropriate treatment.<sup>82</sup> RIATT-ESA can play a critical role of advocacy for treatment of childhood TB and HIV in an integrated and coordinated manner.

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82. WHO (2017) World Tuberculosis Report

# 04

## Rationale for the Strategy 2019-2022

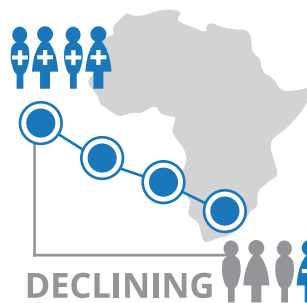
### THE LAST DECADE



has seen a number of **SIGNIFICANT SHIFTS** in the **AIDS RESPONSE**



At the global policy level, the key shifts include the adoption of the SDGs in 2015 integrating environmental sustainability with social and economic development. The SDGs were ushered in at the end of the Millennium Development Goals implementation period. As discussed in detail in the Background Paper to the development of this strategy, within the AIDS response, UNAIDS pronounced the 90/90/90 goals focusing on 90% of the population knowing their status, 90% of those accessing treatment and 90% remaining virally suppressed.



**DECLINING INCIDENCE LEVELS**

Most African countries are reporting declining incidence levels. However, there are growing fears of resurgence in adolescents and youth, while at the same time they are devastating impacts on infected and affected girls and boys, as they grow older. The SDGs also call for inclusivity, that is not leaving anyone behind in the provision of services, of people living with disability, children in and out of care, young key populations, children of key populations, and children, adolescents and youth living with HIV. In HIV prevention and treatment is a re-recognition of the need to sustain a multi-faceted response that includes the social, economic, behavioural, developmental and medical dimensions (Whiteside, ROAPE 2015) both to prevent and mitigate HIV/AIDS infection on children. Considerable attention is also being placed on understanding the specific drivers of HIV infection, eradication of stigma and discrimination and ensuring quality services for all. Compounding is the issue of child marriages,

gender based violence, adolescence sexual and reproductive health and rights, early and unintended pregnancy and trafficking of children.

Lastly, there is a reduction in external financing for the AIDS response, and in instances incorporation of remaining HIV funding into the SRHR and other agendas. Given this, there are calls for increased domestic investment, including in the Addis Ababa Action Agenda from 2015 addressing resourcing of the SDGs, stating internal resource mobilisation as the key financial mechanism, albeit in a context of shrinking economies in eastern and southern Africa. Issues on sustainable financing for RIATT-ESA are, therefore, of importance for the successful implementation of the new Strategy 2019-2022.

## **4.1 AN ANALYSIS OF RIATT-ESA STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS**

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An analysis of the strengths, weaknesses, opportunities and threats emanating from the implementation of the 2015-2018 Strategy provides a basis for the RIATT-ESA Strategy 2019-2022. Under the new strategy, RIATT-ESA can strengthen the areas of strength and weaknesses/challenges, build on the opportunities identified to strengthen coordination, and some threats to be addressed in the implementation of the 2019 to 2022 Strategy (see Table 1).

**/ Table 1 /** SWOT Analysis

STRENGTHS	WEAKNESSES / CHALLENGES
<ul style="list-style-type: none"> <li>• Network of different partner organisations who bring diverse ideas, experience and expertise to the table.</li> <li>• Ability to influence RECs to comply with policies and strategies, and to report on their implementation.</li> <li>• Strategic partnerships have served RIATT-ESA in achieving international advocacy aims.</li> <li>• Membership and active participation</li> <li>• Knowledge management, knowledge generation and dissemination.</li> <li>• The link between researchers and policy makers by commissioning and disseminating research that policy makers can use for planning</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing at RIATT-ESA is not adequate due to lack of adequate funding for salaries. As such, RIATT-ESA has relied more on volunteers from their partners.</li> <li>• RIATT-ESA relies on volunteers who priorities their own work and pay allegiance to their organisations before RIATT-ESA. Results based management difficult in this context as they are not achieved within set timelines.</li> <li>• RIATT-ESA is affected by partner clash of priorities particularly around important advocacy dates and busy periods at the beginning and end of the year.</li> <li>• Fewer members participate more in the Network than others.</li> <li>• Engagement of EAC partners not as strong as with SADC partners</li> </ul>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Continue strengthening strategic partnerships at national, regional and international levels; and at the same time strengthen the composition and function of the Working Groups and Steering Committee.</li> <li>• Children’s Rights Protocol proposed for SADC is an important tool for monitoring Member States for accountability.</li> <li>• Forging stronger linkages with National Associations networks to ensure greater impact at the national level (the Uganda Harm Reduction network and the Mozambique Child not Brides).</li> <li>• The situation of limited resources has heightened partners’ understanding of the need to work in partnerships around common agendas.</li> <li>• Greater consideration of the intergenerational role of older people, especially older women, in the health and wellbeing of children and adolescents, both as primary caregivers of OVCs and as key stakeholders in shaping the sexual and health behaviour of adolescents and youth, as well as influencing choices and opportunities related to access to HIV and SRH/ RMNCAH services for youth and adolescents</li> </ul>	<ul style="list-style-type: none"> <li>• Technical and financial programme implementation and sustainability (RIATT-ESA staffing, staffing for regional entities and partners) for RIATT-ESA to achieve its technical support and advocacy objectives.</li> <li>• Dwindling resources available to the work of civil society has also affected the amount and quality of resources that partners can devote to network activities.</li> <li>• Failure to attract alternative sources of funding to complement RIATT-ESA traditional developmental partners.</li> <li>• The bureaucratic nature of Regional economic bodies delays implementation of programmes (affected the completion of the Minimum Standards and Strategies for Comprehensive Services for Vulnerable Children in East Africa).</li> </ul>

## 4.2 KEY ISSUES FOR INCLUSION IN THE STRATEGY 2019-2022

The successor strategy: With the imminent expiry of RIATT strategy (2015- 2018), it is the mandate of the Secretariat to have a successor strategy ready. The strategy will be developed at the right time so as to ensure that there is no gap in implementation.

RIATT ESA still needs to continue with what they have been doing good: Although, a strategy is set to also ignite changes and new dimensions, RIATT-ESA still needs to be the advocacy arm of children and adolescents in the fight against HIV in the region. A lot has been done in assisting in the development of regional policy frameworks and advocating for their implementation and monitoring and evaluation. The vision and mission of the agency has been kept as is meaning that the role and direction of RIATT-ESA still remains the same. Although the structural alignment of the strategic pillars has been streamlined to take to become (i) policy (ii) service provision (ii) research and dissemination; with advocacy and the voice of the children as cutting across all the work it does no necessarily mean that all the past efforts have been disbanded but rather have been strengthened. The focus of RIATT-ESA still remains with children and adolescents.

There are emerging issues that need to be taken into account: Over the years there have been emerging issues that are important to fuse into the strategy to make it more current and also for the efforts to target the challenges that have arisen over the time. Some of the areas that are important for RIATT-ESA to fuse in the strategy are;

- The Voice of the Children and Adolescents should be amplified: The need for the children and adolescents to lead their own destiny and participate in relevant advocacy work at the pleasure of RIATT-ESA could not be ignored. Although there was some evidence of inclusion of children and adolescents, the current strategy should ensure that the target groups become their own champions in advocacy, service provision, research and information dissemination.
- Advocacy, coordination and the voice of children and adolescents are not stand alone pillars but cross-cutting issues to be actioned by all within the three identified pillars presented below.
- There are key issues coming up with key populations: As has been highlighted in the emerging issues it is evident that there is need to focus on a lot of emerging key populations to include; child marriages and teen pregnancies; child migrants, IDPs; survivors of violence; children with disabilities and those on the streets. There should be a conscious effort to ensure that the needs of the identified key populations are addressed.
- The Issues of PMTCT, EID and point of care services should stand out: The creation of an AIDS free generation starts with the elimination of

HIV transmission to infants and ensuring that no children are left behind in prevention, treatment, care and support. It is paramount to eliminate mother to child transmission of HIV if Member States are to achieve the target of ending HIV by 2030.

- HIV Social Protection is important among Children and Adolescents: RIATT-ESA had made some headway into the concept during the last strategy. It is important to note that HIV-sensitive social protection (HSSP) measures — such as social assistance and social insurance, home-based care, education, and equity and rights-based interventions — can reduce vulnerability to infection, improve and extend the lives of people living with HIV and support individuals and households.
- HIV and TB co-infection is a topical issue with high level meetings pencilled for September 2018. RIATT-ESA is suitably placed to pick on this critical topic for advocacy and for the development of policies and strategies to address the issue.

# 05

## RIATT-ESA Strategy 2019-2022

### 5.1 RIATT-ESA VISION, MISSION AND GOAL

The vision, mission and goal of RIATT-ESA remain relevant in the new strategic plan implementation period. These are highlighted below.

**RIATT-ESA Vision:** Universal access to prevention, treatment, care and support for children affected by AIDS in Eastern and Southern Africa.

**RIATT-ESA Mission:** To strategically influence global, regional and national policy formulation and implementation for children and their families affected by AIDS through research; knowledge generation and dissemination; and advocacy.

**RIATT-ESA Goal:** Scaled-up, coordinated and more effective response for children affected by AIDS in Eastern and Southern Africa.



## 5.2 STRATEGY GUIDING PRINCIPLES

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In implementing this strategic plan, RIATT-ESA will be guided by the following principles drawn from a number of policy documents in SADC, EAC and the AU: Rights based approach; Gender transformative approach; Respect for autonomy for the Partner States; Country and regional ownership; Equitable regional capacity enhancement; and Multisectoral accountability.

**Human Rights Approach:** All people, irrespective of gender, race, ethnicity, religion, nationality, place of residence, language, or any other status, should enjoy equal opportunities, equal dignity and equal justice without discrimination, in line with national, regional and global commitments on human rights. In this strategic plan, efforts will be made to protect and promote the rights of those who are left behind, socially excluded, marginalized and vulnerable.

**Best interests of the child:** “The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.” This principle stipulates that “in all actions concerning children, whether undertaken by public or private social welfare institutions, administrative authorities or legislative bodies, the best interests of the child shall be given a primary consideration”. The principle must be considered in light of the universal rights of children enshrined under the CRC, the ACRWC, CRPD and all other instruments of the rights of children.<sup>83</sup>

**Gender Equality and Equity:** Boys and girls, men and women should enjoy the same rights and opportunities, and not be discriminated against based on their gender; and their different behaviours, aspirations and needs equally valued and recognised;

**Meaningful Participation:** Children, adolescents and young people should be empowered and supported to take leadership and ownership, and be partners on matters related to their treatment, care and support. Interventions should amplify the voice of rights holders and beneficiaries, be led, informed and owned by beneficiaries. This includes participating in the design and planning of interventions.

**Evidence-based:** Programmes should be context-specific and informed by evidence from young people and their communities, Member States, the region and at global level.

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83. EAC. 2016. EAC Child Policy 2016

**Integrated Service Delivery Model:** The Integrated service delivery refers to a number of service agencies working together to collaborate and coordinate their support, services and interventions to improve outcomes of clients.

**Life course/cycle approach:** Adopt a life course approach to advocacy and to service provision. UNICEF has adopted a life course approach to child development, a concept which provides a holistic and integrated methodology that connects and reinforces the various policy support measures in a coherent manner.<sup>84</sup>

**Partnerships:** As a network, RIATT-ESA thrives on the expertise, experiences, strength and meaningful involvement of its partners.

**Multisectoral accountability:** Various sectors, umbrella bodies, partners, and relevant stakeholders shall be brought together to contribute to the regional and national HIV prevention response.

## 5.3 STRATEGIC PILLARS

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The strategy is anchored on three strategic pillars for the implementation period 2019-2022. Based on literature review and input from key informant interviews three pillars were identified, with advocacy, coordination and the voice of adolescents and young people as cross cutting themes:

- Policy Development, Review, Alignment, Harmonization and Implementation
- HIV-sensitive child protection, prevention, treatment, care and support
- Research, Information and Knowledge Management

Under each strategic pillar, an objective, outcome and strategic actions were identified as presented in Table 2.

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84. [https://www.unicef.org/adolescence/index\\_73650.html](https://www.unicef.org/adolescence/index_73650.html)

**/ Table 2 /** Strategic Pillars, Objectives and Actions

STRATEGIC PILLAR 1: POLICY DEVELOPMENT, REVIEW, ALIGNMENT, HARMONISATION AND IMPLEMENTATION	
<b>OUTCOME:</b> Advocacy at SADC and EAC level for HIV-sensitive and transformative policies for children, adolescents and young people through their life cycle.	
STRATEGIC OBJECTIVE	STRATEGIC ACTIONS
1.1 Advocacy at SADC and EAC level for HIV-sensitive and transformative policies for children, adolescents and young people through their life cycle.	<ol style="list-style-type: none"> <li>1. Support the implementation of the Minimum Standards on Comprehensive Services for Children and Young People in the East African Community.</li> <li>2. Support the development of the SADC Child Rights protocol.</li> <li>3. Promote transformative regional policy reviews that take stock of policies and make governments accountable.</li> <li>4. Advocacy for the development of a policy on childhood TB and HIV.</li> </ol>

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## STRATEGIC PILLAR 2: HIV-SENSITIVE CHILD PROTECTION, PREVENTION, TREATMENT, CARE AND SUPPORT

### OUTCOME:

Improved provision of HIV-sensitive child protection, prevention, treatment, care and support for children and adolescents.

### STRATEGIC OBJECTIVE

### STRATEGIC ACTIONS

2.1: Improve provision of HIV-sensitive child protection, prevention, treatment, care and support for children and adolescents.

1. Advocate for Improvement of early infant diagnosis and treatment to reach national paediatric targets;
2. Advocate to address stigma and discrimination of adolescents living with HIV especially in the hard to reach groups e.g disabled, children living in the streets, migrants and internally displaced persons (IDPs);
3. Advocate for improved access to SRHR.
4. Strengthen initiatives to end child marriages
5. Advocate for HIV sensitive national case management systems (child protection systems)
6. Strengthen the capacity of adolescents and children on advocacy to amplify their voices for their own cause.

## STRATEGIC PILLAR 3: RESEARCH, INFORMATION AND KNOWLEDGE MANAGEMENT

### OUTCOME:

Enhanced learning, networking opportunities and information on HIV prevention, treatment, care and support.

### STRATEGIC OBJECTIVE

### STRATEGIC ACTIONS

3.1: Enhance learning, networking opportunities and information on HIV prevention, treatment, care and support.

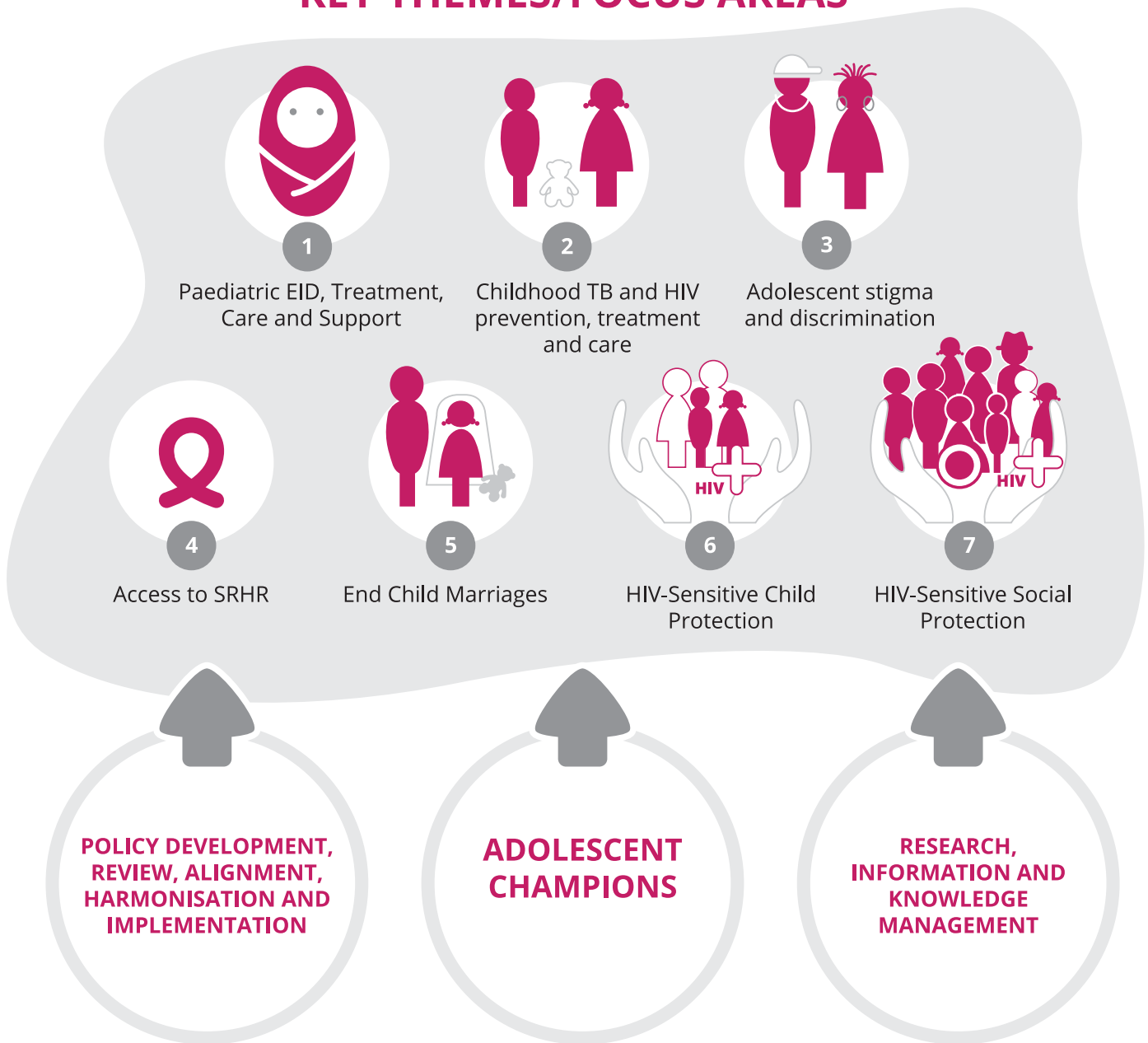
1. Commission and promote regional research studies for evidence-informed advocacy
2. Commission research in Fast Track countries with social protection floors, to understand how HIV-sensitive the SP floors are and what extent comprehensive social protection policies are inclusive of HIV issues.
3. Create spaces (including media) and opportunities for learning, linking and information sharing.
4. Creation of an electronic data base with all network research relating to HIV and AIDS

## RIATT-ESA'S ROLE: ADVOCACY AND COORDINATION

The primary functions of RIATT-ESA of advocacy and coordination remain relevant. RIATT-ESA will continue with its advocacy role to ensure that issues identified under the strategic pillars and actions for the Strategy 2019-2022 are taken on board and addressed by Member States in the ESA region as depicted in Figure 1.

/ **Figure 1** / RIATT-ESA Role – Advocacy and Coordination

### KEY THEMES/FOCUS AREAS



# 06

## Partner Collaboration & Networking

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RIATT-ESA has diverse partners who bring to the network human resources, technical expertise and a wealth of experience. The Steering Committee meetings happen three times per year. An analysis of the partner profile indicates that there are partners from almost all the areas identified as critical in the review of current and emerging issues for inclusion in the strategy. The areas presented in Table 3 include capacity development; early childhood development; ending child marriages; HIV treatment, care and support; sexual reproductive health and rights; social protection; older people and aging; palliative care; humanitarian; nutrition; research and development; and trafficking and child abuse. The four main bodies RIATT-ESA provides technical support to are the AU, EAC, SADC, and SADC PF. Sweden remains the traditional donor for the Network, with development partners comprising mainly of UN agencies (UNAIDS; UNESCO; UNICEF ESARO; UNFPA; Terre Des Homme Germany; USAID-RHAP).

**/ Table 3 /** Partner Analysis by Area of Intervention

AREA OF INTERVENTION	RIATT-ESA PARTNER
REGIONAL BODIES	The African Union Commission (AU); the East African Community (EAC); Southern African Development Community (SADC); Southern African Development Community Parliamentary Forum (SADC PF);
CAPACITY DEVELOPMENT	Africa Capacity Alliance
EARLY CHILDHOOD DEVELOPMENT	African Early Childhood Network (AFCEN)
ENDING CHILD MARRIAGES	Voluntary Service Overseas (VSO- RAISA); Save the Children;
HIV TREATMENT, CARE AND SUPPORT	African Young Positives Network (AY+N); Disability HIV & AIDS Trust (DHAT); East African Network of AIDS Service Organisations(EANNASO);Nelson Mandela Children’s Fund; Paediatric Aids Treatment for Africa (PATA); Sentebale; Regional Psychosocial Support Initiative (REPSSI);
HUMANITARIAN	World Vision; Better Care Network
NUTRITION	World Food Programme (WFP); FAO;
OLDER PEOPLE AND AGING	Help Age International
PALLIATIVE CARE	International Children’s Palliative Care Network (ICPCN);
POLICY	African Child Policy Forum (ACPF);
POVERTY REDUCTION	HOPE worldwide
RESEARCH AND DEVELOPMENT	African Medical and Research Foundation (AMREF); Health Economics and HIV and AIDS Research Division (HEARD);
RIGHTS	Parenting in Africa Network; Child Rights Network of Southern Africa;
SEXUAL REPRODUCTIVE HEALTH	Elizabeth Glaser Paediatric AIDS Foundation(EGPAF); SFAIDS; Save the Children International
SOCIAL PROTECTION	Africa Platform for Social Protection; Child Rights Network of Southern Africa (CRNSA);

AREA OF INTERVENTION	RIATT-ESA PARTNER
SUSTAINABLE UTILISATION OF RESOURCES	Lake Victoria Fisheries Organisation (LVFO)
TRAFFICKING AND ABUSE	Southern Africa Network against trafficking and abuse of children (SANTAC)
DONORS	Sweden; Swiss Agency for development and cooperation (SDC);
DEVELOPMENT PARTNERS	UNAIDS; UNESCO; UNICEF ESARO; UNFPA; Terre Des Homme Germany; USAID-RHAP

An increase in the partners would strengthen the Network more especially by ensuring that partners with the different areas are represented in all the regions. For example HelpAge may be stronger in the EAC compared to the SADC region due to their location. As such a further analysis of the partner profile and their location needs to be done and bring on board those that have been left behind. Another area to focus on in partner engagement and recruitment is funding organisations and research and academic institutions. Three funding institutions are currently on board. However there may be need to link more with other national universities and research institutions to strengthen the research and knowledge generation pillar of the Network. An organisation that may be considered for partnership is the African First Ladies Organisation (OAFLA) which recently set up a campaign “Free to Shine” focused on PMTCT and paediatric testing and treatment.<sup>85</sup> As this ensues, RIATT-ESA needs to take cognisance of the waning interest of partners already on board so that it is sustained and the momentum is maintained without shifting to other areas.

85. <http://freetoshineafrica.org/>



# 07

## Management & Coordination of Implementation

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The strategy for RIATT ESA has a number of structural components that need to work closely for the effective and efficient realisation of results. Following is the set of roles and responsibilities expected from the various players.



## 7.1 MANAGEMENT AND COORDINATION

/ Table 4 / Management and Committees Roles and Responsibilities

PARTNERS	DESCRIPTION	ROLES AND RESPONSIBILITIES
REGIONAL STEERING COMMITTEE	Representation from Project Management Team, Regional Bodies (AU, SADC and EAC) and thematic working group heads	<ul style="list-style-type: none"> <li>• Oversight role of the strategy development and implementation.</li> <li>• Check progress on working groups.</li> <li>• Make decision on adaptability (changing the strategic course) based on any new issues coming up during the strategic period.</li> <li>• Assist the project management team with resource mobilisation mainly through approving work-plans and budgets and pointing RIATT ESA to the direction of potential sources of fund.</li> <li>• Networking and identifying opportunities</li> <li>• Quality control of all policy, strategic and research products.</li> <li>• Represent RIATT ESA on Regional and Global symposiums on children and AIDS.</li> </ul>
THEMATIC WORKING GROUP	Like minded implementing organisations implementing in the same focus area	<ul style="list-style-type: none"> <li>• Developing intervention based work plans that operationalize the Strategic Plan and its log-frame.</li> <li>• Address the strategic objectives, partners involved in the working groups.</li> <li>• Deliberate on area specific issues on a regular basis through physical and virtual meetings.</li> <li>• Monitoring intervention specific results at thematic level.</li> </ul>
PROJECT MANAGEMENT TEAM	RIATT ESA Secretariat Project Coordinator, Finance Manager and M&E Expert	<ul style="list-style-type: none"> <li>• Develop key indicators and tracking progress of the strategy.</li> <li>• Overseeing implementation of the strategy and work plans.</li> <li>• Convene partner planning, monitoring meetings and best practices and lesson learnt activities.</li> <li>• Budgeting, conducting disbursements, and checking budget variances</li> <li>• Logistical and planning support on all activities</li> <li>• Networking and identifying potential new partners and donors</li> <li>• Resource Mobilisation in line with the needs and gaps in funding</li> </ul>

## 7.2 PARTNERSHIPS AND NETWORKING

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RIATT ESA will work with a number of partners and ensure adequate networking to reach the targets that are prescribed within the strategy. The following are the key partners and network agents needed for the strategy to be successful;

**Regional Bodies (AU, SADC and EAC):** The regional bodies are essential to the strategy due to their ability to influence policy within the region. The regional bodies will sit in the steering committee to advise on regional contemporary issues and emerging issues in-order to facilitate adaptability of the strategy changes. In so doing, they will further provide oversight and advisory support on resource mobilization activities. The regional bodies will be instrumental in ensuring buy-in to Member States and provide technical support to Member States in planning, policy, programming and advocacy.

**Member States:** RIATT-ESA will work closely with the Member States in the region through the key regional bodies. Policy and programming cannot be aligned or harmonized without the existence of Member States in the region. RIATT-ESA will mainly work with the key Ministries of Health and NACs with special emphasis on their relevant department dealing with HIV and children. The key ministries will in turn engage other important ministries dealing with social protection and child and adolescents and child empowerment.

**The Beneficiary:** Children, adolescents and young people as the primary right holders and beneficiaries should be the voice to amplify the intervention within the region. They will be targeted through regional child forums and platforms and Member State child parliaments. It is vital that the children are provided with a mandate and skills to lead interventions and policy advocacy. Children are rights holders and agents in their own rights and thus have the right to participate and be heard in all matters that affect them. Furthermore, it should give the strategy an appeal if children are the ones that share their stories rather than have their voice piped through other population groups.

**UN Agencies:** UN Agencies are effective in their provision of technical support and provide a link to the donors. UN Agencies especially UNICEF, UNESCO, WHO and UNFPA, UNAIDS through their eastern and southern Africa offices are alert to the challenges in the region due to their ever presence and research skills. The UN agencies provide an avenue for dissemination of RIATT-ESA as they are present in the Member States at regional level and globally.

**Donor Community:** The Donor is an important facet of every strategy as without funds the strategy cannot be a success. The donor community needs to be collaborated into RIATT-ESA work especially those that have vowed their support presently and also before. The collaboration should also spread to



other potential donors working in this area.

**Regional or International NGOs:** Regional and International NGOs shall be essential in providing support and complement efforts of RIATT ESA in-order to enhance complementarity and reduce duplication of regional work in the areas noted. Some of the regional NGOs are part of RIATT ESA.

# 08

## Monitoring & Evaluation

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Monitoring and evaluation are invaluable internal management tools, which enable RIATT ESA to assess the quality and impact of its work, against targets and performance indicators in the Strategic Plan. Monitoring is the systematic collection and analysis of information during strategic implementation, aimed at improving the efficiency and effectiveness of the strategy vis-à-vis the targets set and activities planned during the planning phases of work (output results). RIATT-ESA will monitor implementation and coordination aspects of the Strategy tracking all indicators in the Costed Workplan and report on progress in both their quarterly and annual reports. To measure progress and performance during the Strategic Plan implementation, a systematic format as outlined below shall be followed.

**Monitoring and Tracking of Indicators:** The process starts with developing work-plans and log-frames emanating from the costed implementation plan. The work plans are tracked through a number of ways including: quarterly and annual report that are received from thematic working groups after collation from the various agencies in response to their log frame. The Project Management Team through the M&E expert will at times make visits to regional bodies, member states and partners to verify and collate information.

**Key Monitoring Meetings:** Steering Committee Meetings: The steering committee will convene three times a year to deliberate on all policy and strategic issues and also for them to monitor all targets (indicators) of the strategic plan.

**Thematic Monitoring Meetings:** Members of thematic working groups convene bi-annually in discussion on thematic results. The chair of thematic working groups should also call for other meetings to discuss any important issues in between the 6 months and on adhoc issues. This could be after the programme coordinator or other thematic working groups' members having raised issues for discussion.

**Regular Project Management Team Meetings:** The Project Management Team should meet regularly and should not surpass a month without having a management team. This is where the three components of programmes, monitoring and finance are discussed. **Steering Committee Meetings:** The Steering committee convenes on special issues raised by the various committees or by management. However, they should be given updates through the project manager and should meet by mandate once an annum to deliberate on annual results and other key network issues.

**Mid Term Review and End of Strategy Cycle Evaluations:** RIATT-ESA should commission independent external consultant(s) to conduct both the Mid-Term and End of Strategy Cycle Evaluations. The results from mid-term evaluation will provide guidance for programme interventions during the second half of the Strategic Plan. An End of Strategy Cycle evaluation is scheduled for six months, prior to completion of the project cycle.

**Surveys:** RIATT should commission surveys at the start of the strategy to provide evidence based indicators that will be checked through a number of sentinel or tracer surveys. RIATT-ESA could also make use of other on-going surveys in the region that are being done by other agencies.

# 09

## Sustainability Strategy – Financing

The funding landscape is changing with a huge global shift in terms of funding for HIV and AIDS.

This is also caused by the shrinking of the civic space/pushback by governments when it comes to SRHR globally, which might also affect funding opportunities. Between 2015 and 2016, high-income countries funding for the HIV response in low- and middle-income countries declined by 7%.<sup>86</sup> In 2017, donor government disbursements for HIV increased, rising to US\$8.1 billion in current USD (a 16% increase over 2016).<sup>87</sup> Both bilateral funding and multilateral contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and UNITAID increased in 2017. The increase was largely attributed to the timing of US funding as it shifted funding appropriated in previous years to 2017. Philanthropic donations have risen for the past three consecutive years. However, funding has not returned to its peak level in 2014.<sup>88</sup>

In 2017, PEPFAR supported nearly 11.5 million people with lifesaving antiretroviral treatment (ART), exceeding the 2016 target of 11.4 million, and a 50% increase since 2014.<sup>89</sup> With PEPFAR support, nearly 2 million babies

86. <http://freetoshineafrica.org/>

87. <https://www.avert.org/professionals/hiv-around-world/global-response/fundin>

88. UNAIDS and Kaiser Family Foundation. 2018. Donor Government Funding for HIV in Low- and Middle-Income Countries in 2017.

89. Ibid



have been born HIV-free to pregnant women living with HIV—almost twice as many as in 2013—and their mothers have been kept healthy and alive to protect and nurture them. PEPFAR has recently increased investments in HIV prevention, particularly among young people through the DREAMS project. Considering that there were fewer than 50,000 people on treatment in sub-Saharan Africa when PEPFAR began, the magnitude of this work becomes clearer. With the support of PEPFAR, modeled data suggest that more than 11 million AIDS-related deaths and nearly 16 million HIV infections have been averted worldwide since PEPFAR began.<sup>90</sup>

To be on course to end AIDS as a public health threat by 2030, UNAIDS estimates that US\$26.2 billion will be required for the global HIV response in 2020 alone. This means the world must increase the amount of resources available for HIV by US\$1.5 billion each year between 2016 and 2020,

a situation that is looking increasingly unlikely.<sup>91</sup> In the face of donor stagnation there is increasing emphasis on countries most affected by HIV to finance their own responses and find more efficient and cost-effective ways to do so. However, this does not pose as the ultimate answer to donor fatigue but rather be an end goal in itself that states/duty bearers provide the services people have the right to, financed mainly by internal resource mobilization (taxes). RIATT-ESA may consider the following for sustainable financing of the 2019-2022 strategic plan some of which were proposed at the Strategic Planning Workshop of June 2014:

1. Sweden and Norway are known as traditional funders for networks. However, donor profiling highlights several other potential donors, with which relationships should be explored such as philanthropic organizations and those that advocate children's programmes such as Bill and Melinda Gates Foundation; Global Fund for Children; Robert Carr Foundation; **Gilead Sciences**; the **Elton John AIDS Foundation**; **ViiV Healthcare**; and **Johnson and Johnson**; Elevate Children Funders Group; and Funders Concerned About AIDS.<sup>92</sup> Utilise funds from traditional donors for administration and as an anchor that allows RIATT-ESA to fundraise for programme activities.
2. Focus on the "global public good" – identify areas that donors are pushing for programming e.g. "open access to knowledge, technology and ideas". RIATT-ESA can leverage this thinking and position the network as a conduit for this public good.
3. Donors are showing commitment to (i) enhance impact of available resources and (ii) increase resources. RIATT-ESA can leverage funding by positioning the network as an evidence building network.

90. PEPFAR 2017 Annual Report to Congress

91. Ibid

92. UNAIDS and Kaiser Family Foundation. 2018. Donor Government Funding for HIV in Low- and Middle-Income Countries in 2017

4. Identify opportunities for local resource mobilisation at national and regional level - to be more self-sustainable and able to fundraise.
5. RIATT-ESA may have to activate mechanisms for collecting contributions from Members. Apart from financial contributions, partners may bring to the table technical, human and intelligence resources, informational, including volunteering of time.
6. RIATT-ESA should facilitate the process of having Members contribute to the Network through a common basket fund. Apart from financial contributions, partners may bring to the table technical, human and intelligence resources, informational, including volunteering of time.
7. Continue to build on RIATT-ESA's added value, including the unique composition of the network (civil society, UN agencies, regional bodies, academics and funders); members' expertise regarding CABA and HIV-sensitive social protection, and knowledge management and evidence building potential.
8. Form partnerships with the Private Sector and increase their participation in RIATT-ESA activities to leverage funding, platforms for the dissemination of messages and information, visibility, and co-financing of activities.
9. Engage in joint proposal development especially where there are opportunities for integration of services for example HelpAge have been working on a proposal on HIV and NCDs. Additionally, RIATT-ESA can be a sub-grantee of other organizations (for example HelpAge is sub-grantee of FHI 360).
10. Create partnerships to draw in resources through cost sharing,...
11. Maintain a favourable structure – the current model where the secretariat comprises a small team while harnessing additional expertise from volunteers is ideal. Staff should be linked to the volume of work.
12. Attract new funding through evidence based programming and identifying emerging issues. Taking emerging issues on board adds-value to on-going service provision programmes.
13. Develop mutual relationships of support and accountability – partners, RECs, essential responsibility in advancing the key determining conditions of sustainability within their area of focus.
14. RIATT-ESA has to develop and implement a resource mobilization strategy.

There is a need to integrate sustainability information in reporting of programme activities to allow for monitoring and tracking of progress. The costed implementation plan must assess budget for this strategy and identify a funding gap, if any, and propose how it will be financed. This will give a guide on what needs to be done to secure adequate resources for the successful implementation of the new strategy.

# 10

## Risks & Risk Mitigation


The Consultants have identified potential risks which may affect the Strategy Implementation process and developed a Risk Management Strategy. Table 5 articulates the potential risks and the Risk Management Procedures to be adopted.

**/ Table 5 /** Identified Risks and Risk Mitigation Strategies

PHASE	RISK	IMPACT	PROBABILITY	MITIGATION STRATEGY
FUNDING	Limited donor funding to cover the Strategy 4 year period	Not completing the interventions	Medium	RIATT-ESA has to ensure it sources enough funding that will last through the 4 year cycle and have an alternative plan in case some of the donors pull out. Resource mobilisation should be an ongoing activity.

PHASE	RISK	IMPACT	PROBABILITY	MITIGATION STRATEGY
FUNDING continued	Delay in disbursement funds due to multiplicity of stakeholders	Overstretching of the available resources and delay in activities	Low	RIATT-ESA has to ensure that all the stakeholders involved are aware of their roles and responsibilities and an adequate budget is allocated to them so that targets are met in each intervention area without overlapping and duplicating.
	A risk for RIATT when it comes to resource mobilization is that it is not registered and depend on REPSSI systems.	Donors might shy away from funding the network	Medium	RIATT ESA might consider registering itself and having a separate secretariat and systems.
COORDINATION	Multiplicity of stakeholders (Member states, NGOs, Regional bodies) which means different schedules and protocols	Failure to move at the same pace	High	All Stakeholders involved should make an effort to execute an allocated task within the set timeline regardless of their schedule. Work plans should be circulated in ample time.
	Diverging views of different stakeholders	Delays in intervention implementation	Medium	Adequate time to discuss differing views and reaching consensus with all relevant stakeholders should be allocated at every necessary stage

PHASE	RISK	IMPACT	PROBABILITY	MITIGATION STRATEGY
LIMITED PRESENCE	Lack of presence of partners in other regions or Member States	Activities could be at different levels and affect monitoring and implementation.	High	Proper tracking and monitoring strategies have to be put in place in areas where RIATT-ESA has no presence
CHANGE ADAPTABILITY	Programme interventions losing relevance in addressing the needs of the beneficiaries	Not finishing execution of the interventions due to change of needs and situations for beneficiaries	Medium	RIATT-ESA has to put in place an adaptability and monitoring strategy so that it keeps track of the changes and make necessary adjustments



11

**Costed  
Implementation  
Plan  
2019 - 2022**

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**Strategic Outcome 1:** Advocacy at SADC and EAC level for HIV-sensitive and transformative policies for children, adolescents and young people through their life cycle.

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME						RESPONSIBLE/ PARTNERS	BUDGET (US\$)	
				2019	2020	2021	2022					
				1	2	1	2	1	2			
1.1 Support the domestication of the Minimum Standards on Comprehensive Services for Children and Young People in the East African Community.	1.1.1 Co-convene a regional advocacy meeting on the Minimum Standards to develop a Roadmap on country domestication and adoption	Minimum Standards on Comprehensive Services for Children and Young People implemented in the EAC	Number of countries implementing the Minimum Standards	X							RIATT-ESA partners: Viiv; SAFARICOM foundation; World Bank; AfDB	8,000 <sup>93</sup>
	1.1.2 Support partners to advocate for domestication on the Minimum Standards at national level				X							

93. The meeting agreed that RIATT-ESA would not convene full Regional Meetings but would take advantage of already convened SADC and EAC meetings. This would require an extra day with RIATT-ESA responsible for conferencing costs. However for budgeting purposes now 2 days have been used for 40 participants.



MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME								RESPONSIBLE/ PARTNERS	BUDGET (US\$)
				2019		2020		2021		2022			
				1	2	1	2	1	2	1	2		
1.2 Support the development of the SADC Child Rights protocol.	1.2.1 Commission a Study in the EAC to draw lessons and experiences of success from Member States on the Child Policy	A Lessons Learnt Study commissioned in EAC	Child Rights Protocol Developed	X	X								9,000
	1.2.2 Utilise the Lessons Learnt and findings as a lobbying and advocacy tool at Member States level, SADC Council of Ministers, SADC Summit and Civil Society for buy-in for the Development of the Protocol	The concept is adopted through participation at SADC meetings (Council of Ministers, Summit)			X								5,354
	1.2.3 Provide technical support in the development process of the SADC Child Rights Protocol							X	X				10,350

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME						RESPONSIBLE/ PARTNERS	BUDGET (US\$)		
				2019		2020		2021				2022	
				1	2	1	2	1	2			1	2
1.3 Promote transformative regional policy reviews that take stock of policies and make governments accountable.	1.3.1 Generate evidence and develop policy briefs to ensure governments' accountability.	Regional and national policy reviews undertaken	Number of policy briefs developed and disseminated								RIATT-ESA partners; NACs; 1st Ladies; SOS; Baylor	9,030	
	1.3.2 Advocacy on review of policies, domestication of regional policies and reporting.		Number of policies reviewed per country		X						RIATT-ESA partners	3,300	
	1.3.3 Develop a shadow report for presentation at SADC and EAC tracking progress on policy implementation	Shadow Reports developed and presented	Number of shadow Reports developed and presented								RIATT-ESA partners	3,150	
1.4 Advocate for the development of a policy on childhood TB and HIV.	1.4.1. Conduct situation analysis on paediatric TB and HIV in ESA	Increased access to services by children, adolescents and young people.	One situation analysis undertaken								RIATT-ESA partners; NACs	9,000	
	1.4.2 Advocacy for national policies on childhood TB and HIV.		Policy on childhood TB and HIV developed								RIATT-ESA partners; NACs;	-	

**Outcome 2:** Improved provision of HIV-sensitive child protection, prevention, care and support for children and adolescents.

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME						RESPONSIBLE/ PARTNERS	BUDGET		
				2019		2020		2021				2022	
				1	2	1	2	1	2			1	2
2.1 Advocate for Improvement of early infant diagnosis and treatment to reach national paediatric targets;	2.1.1 Review national paediatric testing guidelines to improve conventional and point of care diagnostic	National paediatric testing guidelines reviewed	Number of countries with reviewed national paediatric testing guidelines	X							RIATT- ESA partners and consultant	4,500	
	2.1.2 Engage with SADC and ESA about the findings of the study	Findings of the situation analysis on paediatric TB and HIV in ESA disseminated	Number of channels and platforms utilised for dissemination and advocacy	X	X						RIATT –ESA partners ; PEPFAR; USAID; Org of African First Ladies (O AFL)	3,444	
	2.1.3 Review and advocate for the national digital tracking system for children on ART	National digital tracking system for children on ART developed	Number of countries with a national digital tracking system for children on ART		X						Consultant; UN agencies PEPFAR; RIATT ESA partners, CHAI; BAYLOR	3,150	

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME						RESPONSIBLE/ PARTNERS	BUDGET		
				2019		2020		2021				2022	
				1	2	1	2	1	2			1	2
2.2 Advocate to address stigma and discrimination of adolescents living with HIV especially in the hard to reach groups e.g disabled, Children living in the streets, migrants and IDPs;	2.2.1 Undertake a review of the impact of stigma on adolescents living with HIV and identifying hard to reach groups in selected countries in the region	Study on the impact of stigma on adolescents living with HIV undertaken and disseminated	Study on the impact of stigma on adolescents living with HIV completed.	X						Consultant, GNP+; Zvandiri – Africaid RIATT-ESA Partners;	22,000		
	2.2.2 Share study results and advocate for the key areas raised		Number of channels and platforms utilised for dissemination and advocacy	x						Consultant, GNP+; Zvandiri – Africaid RIATT-ESA Partners; Handicap Int	2,100		
2.3 Improved access to SRHR.	2.3.1 Undertake/ review research and identify gaps that can be addressed to improve coverage.	Studies undertaken and disseminated.	Number of studies undertaken	X						Consultant, , RIATT-ESA Partners;	18,000		
	2.3.2 Share study results Advocate for access		Number of channels and platforms utilised for dissemination and advocacy	X						RIATT-ESA partners; EAC; SADC;	8,600		

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME								RESPONSIBLE/ PARTNERS	BUDGET
				2019		2020		2021		2022			
				1	2	1	2	1	2	1	2		
2.4 Strengthen initiatives to end child marriages	2.4.1 Participating at Regional and continental platforms aimed at addressing child marriages and promoting actions from the platforms with the partner networks and promoting them	Countries addressing child marriages	Number of countries addressing child marriages	X	X	X	X	X	X	X	X	RIATT-ESA partners; AU; O AFL	-
				X	X	X	X	X	X	X	X		
2.5 Advocate for HIV sensitive national case management systems (child protection systems)	2.5.1 Publicize and promote the checklist on child protection and HIV (UNICEF World Vision 2016)	Checklist on child protection and HIV publicised and promoted	Number of countries utilising the checklist on child protection and HIV	X	X	X	X	X	X	X	X	PACT, CRS, World Education RIATT-ESA partners	-
				X	X	X	X	X	X	X	X	SADC and EAC RIATT-ESA partners	4,200
	2.5.2 Facilitate cross learning with countries that have good child protection system	Learning and linking	Number of learning and linking platforms convened	X									

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME								RESPONSIBLE/ PARTNERS	BUDGET
				2019		2020		2021		2022			
				1	2	1	2	1	2	1	2		
2.6 Strengthen the capacity of adolescents and children on advocacy to amplify their voices for their own cause.	2.6.1 Facilitate participation and amplify the voices of beneficiaries through plenary and key sessions where Policy Planners participate	National and Regional advocates and ambassadors for advocacy trained Amplified voices of children and adolescents	Number of platforms for information dissemination.	X	X	X	X	X	X	X	X	RIATT-ESA Partners EAC and SADC Youth Led Organisations	17,200
	2.6.2 Capacity building of national and regional advocates and ambassadors for advocacy		Number of national and regional advocates and ambassadors for advocacy trained	X	X	X	X	X	X	X	X	RIATT-ESA Partners Youth Led Organisation	25,800
	2.6.3 Use Social Media and digital story-telling to increase awareness on HIV testing, treatment and viral load suppression for children, adolescents and young people.		Number of beneficiaries reached	X	X	X	X	X	X	X	X	X	RIATT-ESA Partners

**Strategic Outcome 3: Enhanced learning, networking opportunities and information on HIV prevention, treatment, care and support**

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME								RESPONSIBLE/ PARTNERS	BUDGET
				2019		2020		2021		2022			
				1	2	1	2	1	2	1	2		
3.1 Commission and promote regional research studies for evidence-informed advocacy	3.1.1 Create linkages with Academic and Research Institutions (Public health, humanities, education, human rights)	Linkages with academic and research institutions	Number of academic and research institutions partnered with	X		X		X		X		RIATT-ESA partners; UNISA; North West University; WITS; (Check with Morris)	-
	3.1.2 Supporting academic research on children and HIV issues as highlighted under Objectives 1 and 2		Number of studies undertaken		X				X			RIATT-ESA partners; UNISA; north West University; WITS; (Check with Morris)	19,800
	3.1.3 Develop policy briefs on research findings		Number of policy briefs developed and disseminated	X				X		X		RIATT-ESA (Consultants)	6,450
	3.1.4 Disseminate study findings at regional and national levels through varied channels and platforms		Number of regional and national channels and platforms utilised			X					X	RIATT-ESA partners	5,544

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME						RESPONSIBLE/ PARTNERS	BUDGET		
				2019		2020		2021				2022	
				1	2	1	2	1	2			1	2
3.2 Commission research and develop dashboards in Fast Track countries to understand the extent to which comprehensive social protection policies are inclusive of HIV issues.	3.2.1 Stock take of the extent and quality of how well social protection has been mainstreamed into HIV programmes in several high burden HIV countries and whether they are reaching the most at risk populations	Social protection mainstreamed and reaching most at risk populations	Stock take undertaken	X		X		X		X		RIATT-ESA partners	8,600
	3.2.2 Develop a dashboard or scorecard for monitoring the extent to which countries are fast tracking the mainstreaming of social protection into HIV programmes		Dashboard/ Scoreboard developed	X								AIDS Accountability Stuart	4,500
	3.2.3 Conduct research in Fast Track countries with social protection floors, to understand how HIV-sensitive the SP floors are and to what extend social protection policies are inclusive of HIV issues		Research conducted and findings disseminated	X	X	X	X	X	X	X	X	X	UNAIDS RIATT-ESA partners



MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME						RESPONSIBLE/ PARTNERS	BUDGET			
				2019		2020		2021				2022		
				1	2	1	2	1	2			1	2	
3.3 Creating spaces (including media) and opportunities for learning, linking and information sharing.	3.3.1 Develop and disseminate Position Papers on key RIAT issues for sharing with SADC, EAC, and the AU at Executive level	Enhanced information management, linking and learning	Number of position papers developed	X		X		X		X		RIATT-ESA partners	6,450	
	3.3.2 Convene linking and learning forums (youth or partners, regional organisations)		Number of linking and learning fora convened	X		X		X		X		RIATT-ESA partners	8,600	
	3.3.3 Publish a quarterly newsletter		Number of newsletters published	X		X		X		X		RIATT-ESA	12,900	
	3.3.4 Host webinars and online forums		Number of webinars and online fora	X		X		X		X		RIATT-ESA partners	-	
	3.3.5 Document, Publish and disseminate good practices		Number of good practices documented and disseminated			X					X		RIATT-ESA partners; UNISA; North West University; WITS; (Check with Morris)	18,700
	3.3.6 Strengthen advocacy work with mainstream media		Number of media houses reached			X					X		Media Monitoring Africa MIET Children's Radio Foundation RIATT-ESA partners	-

MAIN ACTIVITIES	SUB-ACTIVITIES	EXPECTED RESULTS	INDICATORS	TIME FRAME						RESPONSIBLE/ PARTNERS	BUDGET		
				2019		2020		2021				2022	
				1	2	1	2	1	2			1	2
3.4 Creation of an electronic data base with all network research relating to HIV and AIDS	3.4.1 Develop electronic database relating to research on HIV and AIDS issues	Increased access to information on HIV and AIDS	Research database created	X							EGPAF- Cephas Muchuchuti Health Care Portal	6,000	
	3.4.2 Create a database on policy commitments related to prevention, treatment, social protection, care & support for all countries in E&S Africa			Database on policy commitments created	X								

# 12

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